

# Flexible Spending Account Guide



Flexible spending accounts (FSAs) allow you to set aside pretax dollars from your paycheck to pay for expenses not covered through your other benefits. Because you do not pay federal or FICA (Social Security) taxes on money you put into an FSA, your taxable income is reduced and your taxes are lower.

King County offers two types of FSAs:

- **Health care FSAs**, which allow you to set aside pretax dollars to pay for certain expenses not covered by your health plans (for example, the cost of orthodontia not fully paid by your dental plan, and copays for office visits).
- **Dependent care FSAs**, which allow you to set aside pretax dollars to pay for eligible day care services on a regular basis for your child, disabled spouse or dependent parent while you and your spouse work.

If you want to enroll in an FSA, you must submit a Flexible Spending Account Enrollment form, available at the end of this guide:

- within 30 days after your hire date, or
- within 30 days after a qualifying life event.

During each year's open enrollment, you must enroll in a new FSA if you want one for the next year.

We've made every attempt to ensure the accuracy of this information. However, if there is any discrepancy between this guide and the contracts or other legal documents, the legal documents will always govern. King County intends to continue this plan indefinitely but reserves the right to amend or terminate them at any time, for any reason, according to the amendment procedures described in the legal documents. This guide does not create a contract of employment between King County and any employee.

**Call 206-684-1556 for alternate formats.**

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## Administrative facts

The following is plan information you might need for your benefit claims and questions.

<b>Plan name</b>	Health care flexible spending account Dependent care flexible spending account	
<b>Plan year</b>	January 1 – December 31	
<b>Plan sponsor</b>	<p>If you have questions about FSA eligibility or enrollment, contact Benefits, Payroll and Retirement Operations. This FSA Guide is available at <a href="http://www.kingcounty.gov/employees/benefits/YourKingCountyBenefits/FlexibleSpendingAccounts">www.kingcounty.gov/employees/benefits/YourKingCountyBenefits/FlexibleSpendingAccounts</a>. More detailed information is available in <i>Your King County Benefits</i> and the Summary of Benefits and Coverage at <a href="http://www.kingcounty.gov/employees/benefits/YourKingCountyBenefits">www.kingcounty.gov/employees/benefits/YourKingCountyBenefits</a>.</p> <p><b>Benefits, Payroll and Retirement Operations</b>  The Chinook Building CNK-ES-0240, 401 Fifth Avenue, Seattle WA 98104-2333  Office hours: 8 a.m.–5 p.m.  Phone hours: 9 a.m.–4 p.m.  Phone: 206-684-1556 ▪ 1-800-325-6165 x41556 (outside local calling area)  Fax: 206-296-7700  Email: <a href="mailto:kc.benefits@kingcounty.gov">kc.benefits@kingcounty.gov</a>  Web: <a href="http://www.kingcounty.gov/employees/benefits">www.kingcounty.gov/employees/benefits</a></p>	
<b>Plan administrator</b>	The FSA Plan is administered for King County according to the terms of an agreement with WageWorks. Contact WageWorks if you have questions about eligible expenses or reimbursements.	
	<p>For general assistance and filing claims:</p> <p><b>WageWorks</b>  Claims Administrator, P.O. Box 14053,  Lexington, KY 40512  Phone hours: 5 a.m.–5 p.m., Monday–Friday  Phone: 855-428-0446  Fax: 877-353-9236  Web: <a href="http://www.wageworks.com">www.wageworks.com</a></p>	<p>For appeals:</p> <p>Sargent Claims Appeal Board  P.O. Box 991  Mequon, WI 53092-0991</p>
<b>Plan funding</b>	Plan benefits are funded through employee pretax salary-deduction contributions, as permitted by Internal Revenue Code Section 125.	
<b>Plan expenses</b>	In general, King County pays the administrative expenses of the Plan, to the extent those expenses are not paid from the Plan.	

## How FSAs work

You decide how much you want to contribute through payroll deduction to either a health care or a dependent care FSA, or both, and indicate the amount on the Flexible Spending Account Enrollment form at the end of this guide. Benefits, Payroll and Retirement Operations will verify your eligibility and transmit the information to Payroll Operations so deductions can be taken and sent to the County's third-party administrator, WageWorks. WageWorks sets up your FSA and administers it for King County.

In the following sections on health care and dependent care FSAs, you will learn how to pay for and be reimbursed for eligible expenses.

## Health care FSAs

### ► FSA versus federal income tax deduction

The IRS allows you to take a federal income tax deduction for certain eligible health care expenses if they exceed 7.5% of your adjusted gross income, or you may set aside from \$300 (minimum) to \$2,550 (maximum) in pretax dollars in a calendar year to pay for these same expenses from a health care FSA. For most people, the FSA makes the most sense, but consult a tax advisor to be sure.

### ► Dependent eligibility

You may use a health care FSA to reimburse expenses for any family member who qualifies for coverage under your benefit plans. However, Internal Revenue Code Section 152 restricts the use of a health care FSA to reimburse expenses for a domestic partner and domestic partner's children unless they live with you as members of your household and you provide more than half of their support during the FSA calendar year.

Internal Revenue Code Section 152 also allows you to reimburse expenses for:

- Any child, grandchild, stepchild, brother, sister, stepbrother, stepsister, parent, grandparent, stepparent, niece, nephew, aunt, uncle, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law or sister-in-law who receives more than half of his/her support from you during the FSA calendar year, and
- Any person not related to you but who lives with you as a member of your household and receives more than half of his/her support from you during the FSA calendar year.

If you reimburse expenses from a health care FSA for any dependents other than your spouse or dependent children, you may be required to provide an affidavit certifying them as eligible dependents based on the criteria described above.

## ► Eligible expenses

Below is a partial list of health care expenses eligible for reimbursement through a health care FSA (more eligible expenses are listed at [www.wageworks.com](http://www.wageworks.com)). Consult with your tax advisor, IRS Publication 502 or WageWorks if you have any questions. The IRS publication references insurance premiums and long-term care insurance as eligible deductible expenses on an individual tax return, but they are not eligible for FSA reimbursement.

Eligible expenses	
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Ambulance</li> <li>• Artificial limbs</li> <li>• Birth control pills, condoms, spermicides, pregnancy/ovulation kits</li> <li>• Braille books and magazines</li> <li>• Breast pumps and lactation devices</li> <li>• Car controls for a disabled person</li> <li>• Care for a mentally disabled child</li> <li>• Chiropractor fees</li> <li>• Christian Science practitioner fees</li> <li>• Coinsurance/copays</li> <li>• Contact lenses and contact cleaning solutions</li> <li>• Cosmetic procedures to correct a problem arising from a medical condition</li> <li>• Crutches</li> <li>• Deductibles for medical, dental and vision plans</li> <li>• Dental fees</li> <li>• Dentures</li> <li>• Diagnostic fees</li> <li>• Disabled person's cost for special home</li> <li>• Drug addiction treatment</li> <li>• Eyeglasses</li> <li>• Eye exams</li> <li>• Fertility treatment</li> <li>• Hearing aids and batteries</li> <li>• Home improvements for medical reasons</li> <li>• Hospital bills</li> <li>• Hypnosis for treatment of an illness</li> <li>• Insulin</li> <li>• Laboratory fees</li> <li>• Learning disability</li> <li>• Life fee to retirement home for medical care</li> <li>• Maternity care</li> <li>• Naturopathic treatment</li> <li>• Naturopathic remedies (if prescribed by physician for medical condition)</li> </ul>	<ul style="list-style-type: none"> <li>• New baby expenses for medical conditions</li> <li>• Obstetrical services</li> <li>• Over-the-counter drugs used to treat or prevent illness/injury (limited—see list on WageWorks website)</li> <li>• Operations</li> <li>• Optometrist</li> <li>• Orthodontics (non-cosmetic purposes)</li> <li>• Orthopedic shoes</li> <li>• Oxygen</li> <li>• Physician fees</li> <li>• Prescription drugs</li> <li>• Psychiatric care</li> <li>• Psychologist fees</li> <li>• Radial keratotomy</li> <li>• Routine physicals</li> <li>• Seeing-eye dog and its upkeep</li> <li>• Skilled nurse fees (including board and Social Security taxes you pay)</li> <li>• Smoking cessation</li> <li>• Spa/pool equipment prescribed by physician and allowed by the IRS</li> <li>• Special schools for mentally impaired or physically disabled person</li> <li>• Telephone designed for hearing-impaired person</li> <li>• Television/hearing-impaired equipment</li> <li>• Therapeutic care for drug and alcohol addiction</li> <li>• Therapy received as medical treatment</li> <li>• Transportation expenses for medical purposes</li> <li>• Tuition at special school for a disabled person</li> <li>• Tuition fee portion that goes for medical care</li> <li>• Vaccines</li> <li>• Weight loss programs (if prescribed by physician for medical condition)</li> <li>• Well-baby and well-child care</li> <li>• Wheelchair</li> <li>• Wigs required for medical purposes</li> <li>• X-rays</li> </ul>

## ► Ineligible expenses

Below is a partial list of health care expenses not eligible for reimbursement through a health care FSA. Again, consult with your tax advisor, IRS Publication 502 or WageWorks if you have any questions.

Ineligible expenses	
<ul style="list-style-type: none"> <li>• Cosmetic procedures for nonmedical reasons</li> <li>• Diaper services</li> <li>• Divorce expenses (even if divorce is recommended by a physician)</li> <li>• Domestic help fees (for services of a nonmedical nature)</li> <li>• General counseling (family, marital or couple)</li> <li>• Health club programs, including fitness clubs and gyms</li> <li>• Health insurance premiums</li> </ul>	<ul style="list-style-type: none"> <li>• Lens replacement insurance</li> <li>• Long-term care insurance premiums and expenses</li> <li>• Maternity clothes</li> <li>• Parking fees (eligible if incurred due to medical appointment)</li> <li>• Physical therapy treatments for general well-being</li> <li>• Vitamins, supplements and remedies taken for general well-being</li> </ul>

## ► Expense estimator

All eligible expenses for you, your spouse and your eligible dependents are reimbursable from your health care FSA. To estimate eligible health care expenses not covered by your other benefits, complete the Expense Estimator Worksheet on the following page or use the WageWorks calculator at [www.wageworks.com/employees/benefits/healthcare-flexible-spending-accounts-fsa/fsa-savings-calculator](http://www.wageworks.com/employees/benefits/healthcare-flexible-spending-accounts-fsa/fsa-savings-calculator).

Expense estimator worksheet			
Medical expenses	Estimated calendar year expenses	Vision expenses	Estimated calendar year expenses
Copays	\$ _____	Copays	\$ _____
Deductibles	\$ _____	Deductibles	\$ _____
Physical exams	\$ _____	Eye exams	\$ _____
Prescription drugs	\$ _____	Prescription contact lenses	\$ _____
Surgical fees	\$ _____	Contact lens supplies	\$ _____
X-ray or lab fees	\$ _____	Prescription eyeglasses or sunglasses	\$ _____
Other medical expenses	\$ _____		
Dental expenses		Other expenses	
Copays	\$ _____	Acupuncture, chiropractic, naturopathy	\$ _____
Deductibles	\$ _____	Hearing aids	\$ _____
Dentures	\$ _____	Immunization fees	\$ _____
Examinations	\$ _____	Psychiatrist, psychologist, counseling	\$ _____
Orthodontia	\$ _____	– Allowed for treatment of specific physical or mental disorder—for example, depression, alcohol or drug treatment.	
Restorative work (crowns, caps, bridges)	\$ _____	– Diagnosis is necessary for reimbursement.	
Teeth cleaning	\$ _____		
Other dental expenses	\$ _____		
<b>Total column 1</b>	<b>\$ _____</b>	<b>Total column 2</b>	<b>\$ _____</b>

**Total column 1 \$ \_\_\_\_\_ + total column 2 \$ \_\_\_\_\_ = total estimated expenses \$ \_\_\_\_\_**

## ► Expense reimbursement

As you incur eligible expenses, you submit reimbursement claim forms, receipts and other required documentation to WageWorks, and WageWorks reimburses you from your account. Reimbursement claim forms are available at [www.kingcounty.gov/employees/benefits/forms](http://www.kingcounty.gov/employees/benefits/forms).

Reimbursement requests are processed within five business days of receipt. If the reimbursement is approved, a check is issued or a direct deposit transmitted the night your request is processed, and an explanation of reimbursement is emailed to you or mailed to your home. To enroll in direct deposit, download the form at [www.kingcounty.gov/employees/benefits/forms](http://www.kingcounty.gov/employees/benefits/forms).

You may submit reimbursement requests for eligible expenses incurred during the calendar year any time through March 31 of the following year, but the requests must be received by WageWorks no later than March 31. You may submit multiple bills or receipts with one reimbursement claim form as long as you list them on the claim form.

How eligible expenses are reimbursed depends on the type of expense you have: expense partially covered by health insurance, expense not covered by health insurance, or orthodontia expense.

For expenses partially covered by insurance, you file a claim with your health plan. When you receive your Explanation of Benefits (EOB), you see how much the plan paid and the remaining balance due. You then request reimbursement for the remaining balance.

For expenses not covered by insurance, you complete the claim form and attach your itemized receipt for the expenses. Receipts must show date of service, cost, service performed, and provider of service. Canceled checks, credit card receipts or statements showing only "balance due" or "payment on account" cannot be accepted. Fax or mail the information to WageWorks, or submit it online (see Resource Directory).

To submit a reimbursement form online to WageWorks, you will need to scan a completed reimbursement form and no more than five separate invoices at a time.

For orthodontia services, a lump-sum payment is eligible for full reimbursement. To be reimbursed, you must provide documentation, such as a receipt of payment, claim form or payment coupon, and it must include the patient name, provider name, date of service, and cost of service. A copy of your contract is required, but an orthodontia worksheet is not required. Monthly payments will be reimbursed based on the actual amount paid. Orthodontia payments may be reimbursed over multiple plan years.

When your health care FSA reimbursement request is received and approved, you are reimbursed for eligible expenses up to the maximum amount you elected for the calendar year, minus any previous reimbursements made during the calendar year.

### **FSA debit card**

After your annual enrollment in a health care FSA, you receive a WageWorks Healthcare Card that is preloaded with your election amount. You can use your WageWorks card to pay for eligible health care expenses at any health care provider, pharmacy or participating merchant.

Because IRS regulations require appropriate proof of service, some transactions may require you to submit a receipt to verify the eligibility of the purchase.

## EZ Receipts® mobile app

You now can file health care claims, upload receipts for transactions and pay your providers directly from your smartphone by using EZ Receipts®, an app that's compatible with iPhone, Android and Blackberry platforms. For additional information, visit [www.WageWorks.com/myezreceipts](http://www.WageWorks.com/myezreceipts).

### ► If reimbursement is denied

If your request for an FSA reimbursement claim is denied, in full or in part, you have the right to appeal the decision by sending a written request for review within 180 days of the date you receive your denial letter to:

Sargent Claims Appeal Board  
P.O. Box 991  
Mequon, WI 53092-0991

With your written appeal, please include:

- The name of your employer
- The date of the services for which your request was denied
- A copy of the denied request
- The denial letter you received
- Why you think your request should not have been denied, and
- Any additional documents, information or comments you think may have a bearing on your appeal.

You may request copies of all documents and information related to your denied claim. These will be provided at no charge to you.

Your appeal will be reviewed by someone not involved or reporting to the person who reviewed your initial claim denial. You will be notified in writing of the results of this review within 30 days after receipt of your appeal. In unusual cases, such as when appeals require additional documentation, the review may take longer than 30 days. If your appeal is approved, additional processing time is required to modify your account.

Appeals are approved only if the extenuating circumstances and supporting documentation are within your employer, insurance provider and IRS regulations governing the plan.

If the appeal is denied, you may appeal to your employer, who is the plan fiduciary and has final authority to decide coverage issues. You may pursue legal remedies, but you or your representative must exhaust this claim appeal process first. If legal action is taken, the suit must be filed within two years after the event the claim is based on.



## Dependent care FSAs

### ► FSA versus federal income tax deduction

If you work full-time or part-time and have children, a disabled spouse or elderly dependent parents and use day care services, you may take an income tax credit for your dependent care expenses or you may set aside pretax dollars to pay for these same expenses from a dependent care FSA.

The minimum you may contribute to a dependent care FSA is \$300 per calendar year. The maximum you may contribute is \$5,000 per calendar year, depending on your family situation. If more than one of the following situations applies to you, your maximum contribution is the lesser of the two:

- If you are a working single parent, you may contribute up to \$5,000 per calendar year
- If you are married and filing a joint income tax return, you may contribute up to \$5,000 per calendar year; if your spouse also has access to a dependent care FSA, your combined limit is \$5,000
- If you are married and filing separate income tax returns, you may contribute up to \$2,500 per calendar year
- If you are married and your spouse earns less than \$5,000, you may contribute up to the amount of your spouse's annual income.

For the federal tax credit, if you're married and your spouse is a full-time student or disabled (defined by the IRS as physically or mentally incapable of self-care), you may claim on your federal tax return up to \$3,000 a calendar year for one dependent or up to \$6,000 a calendar year for two or more dependents.

To determine whether the dependent care FSA or the federal tax credit (or combination of both) is best for you, consult a tax advisor.

### ► Your eligibility

To qualify, you must be at work while your eligible dependents receive care. You must also meet one of the following eligibility requirements:

- You are a single parent
- You have a working spouse
- Your spouse is a full-time student at least five months during the calendar year while you are working
- Your spouse is mentally or physically unable to care for himself/herself
- You are divorced or legally separated and have custody of your child most of the time (even though your former spouse may claim the child for income tax purposes).

## ► Dependent eligibility

Eligible dependents for this plan include children, spouse and dependent parents:

- Your child under age 13 for whom you have custody and are entitled to claim as a deduction on your federal tax return. For children of divorced or separated parents, only the parent with custody can consider the child an eligible dependent under this plan.
- Incapacitated parent residing in your household for more than one-half of a year.
- Your child of any age who is physically or mentally unable to care for himself/herself.
- Your spouse who is physically or mentally unable to care for himself/herself.

## ► Eligible expenses

The following types of care are reimbursable from a dependent care FSA:

- Care provided inside or outside your home by anyone other than your spouse, a person you list as your dependent for income tax purposes, or one of your children under age 19.
- A dependent care center or child care center (if the center cares for more than six children, it must comply with all applicable state and local regulations).
- A housekeeper, au pair or nanny whose services include, in part, providing care for a qualifying dependent.
- Adult care for an incapacitated spouse or parent. This includes only the day care expenses. Nursing care or medical care does not qualify for reimbursement through a dependent care FSA, but it may qualify under a health care FSA.

To qualify for reimbursement, you must provide your dependent care provider's tax ID number, Social Security number or claim form. If you fail to do so, your dependent care FSA reimbursements may be reclassified as taxable income by the IRS. You must still complete IRS Form 2441 when reporting taxes at the end of each calendar year.

You are responsible for making sure the expenses you submit for reimbursement are considered eligible expenses by the IRS. If you're not sure whether an expense is eligible, consult a tax advisor or contact WageWorks.

## ► Ineligible expenses

Expenses not eligible for reimbursement through your dependent care FSA include:

- Books and supplies
- Child support payments or child care if you are a noncustodial parent
- Educational tuition costs
- Services provided by your dependent, your spouse's dependent or your child who is under age 19
- Overnight camps and education, including kindergarten (summer day camps are eligible).

However, if the cost of tuition and dependent care can be separated, the itemized cost of the dependent care is reimbursable. If necessary, consult a tax advisor.

## ► Expense reimbursement

To get reimbursed from a dependent care FSA, complete the reimbursement claim form at [www.kingcounty.gov/employees/benefits/forms](http://www.kingcounty.gov/employees/benefits/forms) and attach any appropriate receipts (or have the dependent care provider sign the claim form instead of a receipt). Fax or mail the information to WageWorks, or submit it online (see Resource Directory).

To submit a reimbursement form online to WageWorks, you will need to scan a completed reimbursement form and no more than five separate invoices at a time.

Reimbursement requests are processed within five business days of receipt. If the reimbursement is approved, a check is issued or a direct deposit transmitted the night your request is processed, and an explanation of reimbursement is emailed to you or mailed to your home. To enroll in direct deposit, download the form at [www.kingcounty.gov/employees/benefits/forms](http://www.kingcounty.gov/employees/benefits/forms).

You may submit reimbursement requests for eligible expenses incurred during the calendar year any time through March 31 of the following year, but the requests must be received by WageWorks no later than March 31. You may submit multiple bills or receipts with one reimbursement claim form as long as you list them on the claim form.

When your dependent care FSA reimbursement request is received and approved, you are reimbursed for your eligible expenses up to the maximum amount you have contributed, minus any previous reimbursements made during the calendar year.

## ► If reimbursement is denied

If your request for an FSA reimbursement claim is denied, in full or in part, you have the right to appeal the decision by sending a written request for review within 180 days of the date you receive your denial letter to:

Sargent Claims Appeal Board  
P.O. Box 991  
Mequon, WI 53092-0991

With your written appeal, please include:

- The name of your employer
- The date of the services for which your request was denied
- A copy of the denied request
- The denial letter you received
- Why you think your request should not have been denied, and
- Any additional documents, information or comments you think may have a bearing on your appeal.

You may request copies of all documents and information related to your denied claim. These will be provided at no charge to you.

Your appeal will be reviewed by someone not involved or reporting to the person who reviewed your initial claim denial. You will be notified in writing of the results of this review within 30 days after receipt of your appeal. In unusual cases, such as when appeals require additional documentation, the review may take longer than 30 days. If your appeal is approved, additional processing time is required to modify your account.

Appeals are approved only if the extenuating circumstances and supporting documentation are within your employer, insurance provider and IRS regulations governing the plan.

If the appeal is denied, you may appeal to your employer, who is the plan fiduciary and has final authority to decide coverage issues. You may pursue legal remedies, but you or your representative must exhaust this claim appeal process first. If legal action is taken, the suit must be filed within two years after the event the claim is based on.

## Other considerations

### ► Health care and dependent care FSAs don't mix

Health care and dependent care FSAs are separate. The money you allocate for one cannot be used for the other, and you cannot transfer dollars between accounts.

### ► Claims run-out period and carryover for health care FSAs

You may request reimbursement from a health care FSA through March 31 of the following year for eligible expenses incurred during the current FSA calendar year. If you don't use all of your contributions by the end of the current FSA calendar year, you may carry over up to \$500 of those unused contributions into the next calendar year as long as you are still employed with the County—any unused contributions over \$500 are forfeited. You do not have to re-enroll in an FSA to carry over the \$500 maximum for use in the next calendar year.

If you carry over up to \$500 of unused contribution into the next calendar year, you may still elect the maximum \$2,550 for a health care FSA for that next calendar year.

### ► FSA contributions can affect Social Security

Because you and the County don't pay Social Security (FICA) taxes on the money you contribute to an FSA, your future Social Security benefits may be reduced slightly. However, you may find that the tax savings gained through participation in an FSA outweigh any loss in benefits. Consult a tax advisor.

## ► Changes outside of open enrollment are restricted

The election you make when you enroll in an FSA remains in effect for the entire calendar year. You must re-enroll every year during open enrollment to participate in the FSA program. You may change your elections (begin, increase, decrease or stop contributions) during open enrollment for the following FSA calendar year or when you have a qualifying status change.

You have 30 days from the date of a qualifying status change to modify your FSA election. The change you are requesting must be consistent with the status change. To make the change, you must submit a Flexible Spending Account Change form to Benefits, Payroll and Retirement Operations. The form is available at [www.kingcounty.gov/employees/benefits/forms](http://www.kingcounty.gov/employees/benefits/forms).

There are specific qualifying status changes that allow you to make midyear election changes for health care or dependent care FSA accounts:

- Change in your legal marital status due to marriage, legal separation, annulment, divorce or death of a spouse
- Change in the number of your tax dependents due to birth, adoption or placement for adoption, or death of a dependent
- Change in employment status for you, your spouse or dependent due to termination or commencement of employment, reduction or increase in work hours, switch from salaried to hourly-paid/union to non-union/part-time to full-time, strike or lockout, beginning or return from unpaid leave of absence or any other change affecting benefit eligibility
- Change in the place of residence or work for you, your spouse or dependent which affects benefit eligibility
- Change that causes a dependent to satisfy or cease to satisfy the requirements for coverage due to age, gain or loss of student status, marriage or any similar circumstances provided for in the benefit plans
- Change due to certain judgments and court orders
- Change in cost of dependent care due to change in provider
- Significant change in coverage or cost due to employer benefit plan changes
- Entitlement to or loss of Medicare or Medicaid
- Special requirements related to the Family Medical Leave Act (FMLA)
- Entitlement to COBRA
- HIPAA Special Enrollment Rights.

For additional information about qualifying status changes, please contact Benefits, Payroll and Retirement Operations.

## ► If you leave employment or are on an unpaid leave of absence

### Health care FSA

When you leave employment or go on an unpaid leave of absence, contributions to your health care FSA end unless you pay to continue your FSA. To continue your FSA contributions, contact WageWorks to make arrangements for continuing on a self-pay basis through the end of the calendar year. When you self-pay, you lose the tax savings of before-tax payroll deduction, but you are able to continue using your health care FSA for expenses incurred after the date you leave. You will have until March 31 of the following year to submit reimbursement requests for expenses incurred during the current calendar year.

When you go back to work after an unpaid leave of absence, your contributions will go back to being deducted from your paycheck on a before-tax basis. For information about continuing contributions to your health care FSA during an unpaid leave of absence, contact Benefits, Payroll and Retirement Operations.

### Dependent care FSA

When you leave employment or go on an unpaid leave of absence, contributions to your dependent care FSA end at the time you leave employment or go on unpaid leave. There are no self-pay opportunities for your dependent care FSA when you leave employment or while you are on unpaid leave. However, you have until March 31 of the following year to submit reimbursement requests for expenses incurred through the end of the calendar year in which you leave employment or begin your leave. When you return to work from an unpaid leave, your contributions will resume.

## ► Change in your address

If you change your address, inform both WageWorks and your payroll or human resources representative. You may inform WageWorks by phone or fax (see Resource Directory). You may inform your payroll or human resources representative by submitting a Personal Information Update form or making the change in your PeopleSoft account at [www.kingcounty.gov/mybenefits](http://www.kingcounty.gov/mybenefits).

## ► Making Claims for Expenses Incurred In the Previous Year

You have until March 31 of the current year to file your claim with WageWorks for expenses incurred during the previous year:

WageWorks – Claims Administrator  
P.O. Box 14053  
Lexington, KY 40512

Fax: 877-353-9236

# Resource directory

If no TTY phone number is listed, please call 711 to access the TTY Relay Service.

For questions about	Contact
<b>Benefits – general</b> <ul style="list-style-type: none"> <li>▪ Eligibility</li> <li>▪ Open enrollment and making changes</li> <li>▪ Flexible spending account enrollment</li> <li>▪ Alternate formats of any material</li> </ul>	<b>Benefits, Payroll and Retirement Operations</b> The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle WA 98104 Office hours: 8 a.m.–5 p.m., Monday–Friday Phone hours: 9 a.m.–4 p.m., Monday–Friday Phone: 206-684-1556 ▪ 800-325-6165 x41556 (outside local calling area) Fax: 206-296-7700 E-mail: <a href="mailto:kc.benefits@kingcounty.gov">kc.benefits@kingcounty.gov</a> Web: <a href="http://www.kingcounty.gov/employees/benefits">www.kingcounty.gov/employees/benefits</a>
<b>Flexible spending accounts (FSAs)</b> <ul style="list-style-type: none"> <li>▪ Account balances</li> <li>▪ Reimbursements</li> <li>▪ Other plan details</li> </ul>	For general assistance and filing claims: <b>WageWorks</b> Claims Administrator, P.O. Box 14053, Lexington, KY 40512 Phone hours: 5 a.m.–5 p.m., Monday–Friday Phone: 855-428-0446 Fax: 877-353-9236 Web: <a href="http://www.wageworks.com">www.wageworks.com</a>  For appeals: Sargent Claims Appeal Board P.O. Box 991 Mequon, WI 53092-0991





# Flexible Spending Account Enrollment



**King County**

Benefits, Payroll and  
Retirement Operations

Complete this form to enroll in a health care FSA, dependent care FSA, or both, when you first become eligible for benefits. Return the form to Benefits, Payroll and Retirement Operations, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle WA 98104-2333 **within 30 days after your hire date**. To have FSA reimbursements deposited directly to a bank or savings account, call WageWorks at 855-428-0446 or visit [www.wageworks.com](http://www.wageworks.com).

Name (print) \_\_\_\_\_ PeopleSoft Employee ID \_\_\_\_\_

Street Address or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Contact Phone (\_\_\_\_\_) \_\_\_\_\_

## Health Care FSA

Please check yes if you elect to participate and indicate the total amount you'd like deducted for the year. The minimum you may contribute is \$300; the maximum may not exceed \$2,550 annually.

☐ Yes, I elect to participate. Please deduct an **annual total** of \$ \_\_\_\_\_ for calendar year 20 \_\_\_\_.

## Dependent Care FSA

Please check yes if you elect to participate and indicate the total amount you'd like deducted for the year. The minimum you may contribute is \$300; the maximum may not exceed:

- (1) the income of the spouse with the lowest income when under \$5,000,
- (2) \$5,000 annually if married filing jointly or head of household or
- (3) \$2,500 annually if married filing separately

☐ Yes, I elect to participate. Please deduct an **annual total** of \$ \_\_\_\_\_ for calendar year 20 \_\_\_\_.

## Authorization

*I authorize King County to withhold a portion of my pre-tax employment compensation and deposit these funds to the FSA(s) I've designated above. In consideration of King County allowing me to participate in the plan, I agree to abide by the terms, conditions and provisions of the plan. I have been informed the plan may be modified from time to time and I agree King County may cancel or amend the plan according to its independent judgment and discretion. I understand I will be notified in advance of any changes.*

*I acknowledge the Internal Revenue Code and the plan permit me to claim reimbursement only for my eligible expenses incurred after the effective date of my FSA elections. I understand the Internal Revenue Code prohibits me from claiming the Federal Child Care Tax Credit for dependent care assistance expenses which are reimbursed to me by the plan. I assume full responsibility for all taxes, penalties, interest or other consequences, which may be assessed to or imposed on me by any state, federal or other governmental taxing authority as a result of my requesting and receiving reimbursements from the plan for disallowed expenses.*

*I choose to participate in the FSA program with the knowledge that my salary reduction elections may reduce my FICA withholdings (Social Security) which may reduce my Social Security benefits upon retirement.*

*I understand I must claim reimbursement for eligible expenses incurred during the calendar year on or before 90 days after the last day of the year or I will forfeit those reimbursements. I also understand that I may not make any changes to my annual election unless I have a qualifying life event.*

*Health Care FSA: I understand that up to \$500 of unused funds may be carried over for use in the following calendar year for eligible expenses.*

*Dependent Care FSA: I understand that I may file claims for eligible dependent care expenses as I incur them but I will not receive reimbursement until I have actually contributed the funds.*

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Office Use Only	Received		Processed By		Audit		FSA Effective Date
	Date	Staff Name	Date	Staff Name	Date	Staff Name	

